MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5653 CERTIFICATE OF DEATH

05642

Reg. Dist. No. 2021

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown 37
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Gordon (Middle) (Last) Anderson

4. DATE OF DEATH: (Month) June (Day) 9, (Year) I954 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/I0/I880

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: Penna. R.R. Co.

11. BIRTHPLACE (State or foreign country): Jessops Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sommerville Anderson

14. MOTHER'S MAIDEN NAME: Virginia Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 7I6-I2-59I3

17. INFORMANT & ADDRESS: Mrs. Gordon Anderson — Rock Hall, Md. (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Congestive Heart Failure — DUE TO — Interval Between Onset And Death: 30 d.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Coronary occlusion — DUE TO — 16 d.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-18, 1954, to 6-9, 1954, that I last saw the deceased alive on 6-9, 1954, and that death occurred at 11:45 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title): R. M. Atkins, M.D. — ADDRESS: Chestertown — DATE SIGNED: 6-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** Jun. I2 I954 — **NAME OF CEMETERY OR CREMATORY:** Loudon Park Cem. — **LOCATION** (City, town, or county) (State): Baltimore City, Md.

DATE REC'D BY LOCAL REGISTRAR: June 10-1954 — **REGISTRAR'S SIGNATURE:** Clara S. Barnes,

24. FUNERAL DIRECTOR — **ADDRESS:** J. Willis Wells - Chestertown, Md.

RECEIVED
JUN 14 1954
BUREAU V. S.

05643

MARYLAND STATE DEPARTMENT OF HEALTH

5654 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2.0.2.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 416 Cannon St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 416 Cannon St.

3. NAME OF DECEASED (Type or Print): (First) Marietta (Middle) — (Last) Barwick

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 3 1874

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Andrean Indiana

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Thomas Mendill

14. MOTHER'S MAIDEN NAME: Martha Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 21R-14-4199

17. INFORMANT AND ADDRESS: Miss Margaret Barwick - Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval Between Onset and Death: 1½ hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Pernicious anemia — Many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9, 1954, to 6-9, 1954 that I last saw the deceased alive on 6-9, 1954, and that death occurred at 3.35 a.m., from the causes and on the date stated above.

SIGNATURE: Robert V. Para — (Degree or title) M.D. — ADDRESS: Chestertown Md — DATE SIGNED: 6-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 11, 1954 — NAME OF CEMETERY OR CREMATORY: Church Hill Cemetery — LOCATION (City, town, or county) (State): Church Hill, Maryland

DATE REC'D BY LOCAL REG.: June 11-1954 — REGISTRAR'S SIGNATURE: Clara L. Barnes — 24. FUNERAL DIRECTOR — ADDRESS: Mann & Williams - Chestertown Md

RECEIVED
JUN 14 1954
BUREAU V. S.

05644

MARYLAND STATE DEPARTMENT OF HEALTH

5659 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS R-3 Broadneck

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown
STREET ADDRESS (If rural, give location) R-3 Broadneck

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) Louise (Last) Black
4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-25-80
9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Tilghman
14. MOTHER'S MAIDEN NAME: Tempie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Helen Black, R-3 Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Circulatory collapse — 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aortic Insufficiency — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-11, 1954, to 6-17, 1954, that I last saw the deceased alive on 6-16, 1954, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE: A. A. Sick (Degree or title) M.D. ADDRESS: Chestertown, Md. DATE SIGNED: 6-17-54

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial
DATE THEREOF: 6/21/1954
NAME OF CEMETERY OR CREMATORY: Broadneck (Col.) Cem.
LOCATION (City, town, or county) (State): near- Chestertown, Md.

DATE REC'D BY LOCAL REG.: June 18-1954
REGISTRAR'S SIGNATURE: Clara L. Barnes
24. FUNERAL DIRECTOR ADDRESS: J. Willis Wells - Chestertown, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 21 1954
BUREAU V. S.

05645

5660

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall X
LENGTH OF STAY (in this place): 1 1/2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville 17X-2
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H (Last) Cecil
4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 20, 1878
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Labor
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas E Cecil
14. MOTHER'S MAIDEN NAME: Isabel Starkey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Rosa B. Crouch, Rock Hall, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Circulatory collapse — 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — 2 years

(c) Chronic myocarditis — 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-26-53
19b. MAJOR FINDINGS OF OPERATION: Gangrene rt. foot - arteriosclerosis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26-53, 1953, to June 9, 1954, that I last saw the deceased alive on May 31, 1954, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): MD. ADDRESS: Chestertown Md DATE SIGNED: 6-9-54

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF: June 11-1954 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel — LOCATION (City, town, or county): Rock Hall Kent (State) Md

DATE REC'D BY LOCAL REG.: 6/11/54 — REGISTRAR'S SIGNATURE: S. Elwood Burgess — 24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1954
BUREAU V. S.

05646

5655

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 37
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 S Queen St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 37
STREET ADDRESS (If rural, give location) 109 S Queen St.

3. NAME OF DECEASED (Type or Print) (First) Agnes (Middle) L. (Last) Fowler

4. DATE OF DEATH (Month) June (Day) 22 (Year) 1954

5. SEX Female
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 9 1883
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife - Gentrice
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Wm W. Newcomb
14. MOTHER'S MAIDEN NAME Alice Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-07-6961
17. INFORMANT AND ADDRESS (Husband) Harry M. Fowler - Chestertown - Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Probable coronary thrombosis Don't know but probably in a few minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Coronary insufficiency — 3 to 4 years

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 1953 to June 22, 1954, that I last saw the deceased alive on June 22, 1954, and that death occurred at 3:00 p.m., approximately from the causes and on the date stated above.

SIGNATURE R. Hart N. Farr (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 6-23-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 25 1954
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) (State) Chestertown - Maryland

DATE REC'D BY LOCAL REG. June 23-1954
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marion V. Williams - ADDRESS Chestertown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
JUN 25 1954
BUREAU V. S.

MARYLAND · 5656

05647

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: CHESTERTOWN
COUNTY: KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHESTERTOWN
LENGTH OF STAY (in this place): 3 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: KENT & QUEEN ANNE'S HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: DELAWARE. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WYOMING.
STREET ADDRESS (If rural, give location): R.R. 2

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): DOREEN HOLLEGER
4. DATE OF DEATH (Month) (Day) (Year): JUN 27 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH:
9. AGE last birthday: 5 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NO
10b. KIND OF BUSINESS OR INDUSTRY: NO
11. BIRTHPLACE (State or foreign country): [illegible] Del
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOHN C. HOLLEGER
14. MOTHER'S MAIDEN NAME: Mary Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT AND ADDRESS: Hospital Reckons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) SHOCK	3 hrs
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HEMORRHAGE FROM LUNG & SPLEEN	3 hrs
	(c)	3 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple Rib fractures.

19a. DATE OF OPERATION: JUN 27, 1954
19b. MAJOR FINDINGS OF OPERATION: RUPTURED SPEEN
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): FARM (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): JUN 27 1954 8 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Fell from Silo.

22. I hereby certify that I attended the deceased from Jun 27, 1954 to Jun 27, 1954 that I last saw the deceased alive on Jun 27, 1954, and that death occurred at 7 P m., from the causes and on the date stated above.
SIGNATURE: [illegible] (Degree or title) MD. ADDRESS: CHESTERTOWN, Md DATE SIGNED: 6-27-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 29 June 1954
NAME OF CEMETERY OR CREMATORY: [illegible] Cemetery
LOCATION (City, town, or county) (State): Kenton Delaware

DATE REC'D BY LOCAL REG.: June 28-1954
REGISTRAR'S SIGNATURE: Clara S. Barnes,
24. FUNERAL DIRECTOR: J. Willis Wells ADDRESS: Chestertown md.

MARGIN RESERVED FOR BINDING

05648

5661

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH — COUNTY: Still Pond Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural — LENGTH OF STAY (in this place): 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Still Pond
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First): Harry (Middle): — (Last): Hurtt

4. DATE OF DEATH (Month): June (Day): 25 (Year): 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 22, 1873

9. AGE last birthday: 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland Locust Grove

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Hurtt.

14. MOTHER'S MAIDEN NAME: Mary Woodland.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If year, give war or dates of service): —

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Millicent B Hurtt (Wife) Still Pond Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis -	2 days
Antecedent cause(s)	a Cerebral arteriosclerosis	10 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) B Nepritis - one kidney removed	1949
	(c) C Diabetes	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — — — — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ —

HOW DID INJURY OCCUR? — — —

22. I hereby certify that I attended the deceased from 1930, 19....., to June 25 1954, that I last saw the deceased alive on June 20, 1954, and that death occurred at 12 25 p m, from the causes and on the date stated above. 6-25/54

SIGNATURE (Degree or title): Roy Lyman Sexton MD — ADDRESS: 1801 Eye St NW Wash DC — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: June 27 1954. — NAME OF CEMETERY OR CREMATORY: Schreusbury — LOCATION (City, town, or county) (State): Near Kennedyville Md

DATE REC'D BY LOCAL REG.: 6/26/54 — REGISTRAR'S SIGNATURE: E. Kennedy [illegible]

24. FUNERAL DIRECTOR: B. R. Trellows — ADDRESS: Still Pond Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1
BUREAU V. S.

06592

MARYLAND 5662

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 201

M

MARGIN RESERVED FOR BINDING

1

1. PLACE OF DEATH: COUNTY KENT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STILL POND; MARYLAND; LENGTH OF STAY (in this place) 47 YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY KENT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STILL POND; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) — (Last) JARVIS

4. DATE OF DEATH: (Month) JUNE (Day) 30 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): MARRIED

8. DATE OF BIRTH: MAR. 31, 1884

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER

10b. KIND OF BUSINESS OR INDUSTRY: HOUSE PAINTER

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN HENRY JARVIS

14. MOTHER'S MAIDEN NAME: SUSAN PENNINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY NO.: 60-074-269

17. INFORMANT AND ADDRESS: MRS. JOHN JARVIS, STILL POND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Paralysis of R. Side

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial Sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10 1954, to June 30, 1954, that I last saw the deceased alive on June 30, 1954, and that death occurred at 9.50 A. m., from the causes and on the date stated above.

SIGNATURE L. P. Atwell (Degree or title) M.D. ADDRESS Slies Pond Md DATE SIGNED July 3rd

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) BURIAL; DATE JULY 4, 1954; NAME OF CEMETERY OR CREMATORY STILL POND CEMETERY; LOCATION (City, town, or county) STILL POND, (State) MD.

DATE REC'D BY LOCAL REG. July 9 1954; REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR B.R. Fillows ADDRESS Still Pond, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

05649

5657 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-0-21

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]; LENGTH OF STAY (in this place) [illegible]; HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]; STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) [illegible] (Day) 11 (Year) 19[illegible]

5. SEX: [illegible]

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: [illegible]

9. AGE last birthday: [illegible] yrs. If under 1 year: Months [illegible] Days [illegible] If under 24 hrs.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): Victoria, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -no- (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 222-20-2008

17. INFORMANT AND ADDRESS [illegible] 32 E [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Probable Coronary Thrombosis — Interval Between Onset and Death: Instantaneous

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due to Coronary Arteriosclerosis — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (In the past 3 years he had two attacks of Coronary Thrombosis from which he recovered.

19a. DATE OF OPERATION: [illegible]

19b. MAJOR FINDINGS OF OPERATION: [illegible]

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) [illegible]

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) [illegible] (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) [illegible]

TIME OF INJURY (Month) [illegible] (Day) [illegible] (Year) [illegible] (Hour) [illegible] m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from 1-1 ....., 1951, to 6-11 ....., 1954, that I last saw the deceased alive on 6-11 ....., 1954, and that death occurred at 5:30 A. m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Westminster, Md. DATE SIGNED June 12, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]

DATE THEREOF June 14, 1954

NAME OF CEMETERY OR CREMATORY [illegible]

LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. June 14-1954

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

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MARYLAND STATE DEPARTMENT OF HEALTH

5663

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Robert (Last) Joiner

4. DATE OF DEATH: (Month) 6 (Day) 1 (Year) 1954

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: 12/18/1865 | 9. AGE last birthday: 89 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waterman | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Rock Hall, Md. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James Joiner | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs. Walter Scoone

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dislocated shoulder — 2 days

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1953, to June 1, 1954 that I last saw the deceased alive on May 31, 1954, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Howard F. Smith MD | ADDRESS Rock Hall, Md | DATE SIGNED 6/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF June 3 | NAME OF CEMETERY OR CREMATORY Wesley Chapel | LOCATION (City, town, or county) Rock Hall (State) Md.

DATE REC'D BY LOCAL REG. 6/2/54 | REGISTRAR'S SIGNATURE L. Elwood Bergen | 24. FUNERAL DIRECTOR Edgar L. Sane | ADDRESS Church Hill, Md.

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BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

5658 05651

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS KENT + QUEEN ANNE'S HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) CHESTERTOWN, MD.

3. NAME OF DECEASED (Type or Print) (First) LINDA (Middle) MAE (Last) JONES
4. DATE OF DEATH (Month) 6 (Day) 22 (Year) 1954
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 6-22-54
9. AGE last birthday 6 HOURS yrs. If under 1 year Months Days If under 24 hrs. Hours 6 Min. 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) MD.
12. CITIZEN OF WHAT COUNTRY U.S.
13. FATHER'S NAME WILLIS JONES
14. MOTHER'S MAIDEN NAME BETTY LAMBERT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PREMATURITY

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 5 hr 25 Min

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6-22, 1954, to 6-22, 1954, that I last saw the deceased alive on 6-22, 1954 and that death occurred at 6 25 A.m., from the causes and on the date stated above.

SIGNATURE R. M. Atkins (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 6-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 6-22-54
NAME OF CEMETERY ~~OR CREMATORY~~ STILL POND CEMTY
LOCATION (City, town, or county) STILL POND (State) MD

DATE REC'D BY LOCAL REG. June 22-1954
REGISTRAR'S SIGNATURE Clara [illegible]
24. FUNERAL DIRECTOR B R FELLOWS ADDRESS STILL POND, MD.

2064201141

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUN 24 1954
BUREAU V. S.

05653

MARYLAND STATE DEPARTMENT OF HEALTH

5664

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 402

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crumpton
LENGTH OF STAY (in this place) short
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chester River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) High St. Ext.

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Ferris (L.) Layfield
4. DATE OF DEATH (Month) June (Day) 30, (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 6/21/1936
9. AGE last birthday 18 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Snow Hill, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Leroy Layfield
14. MOTHER'S MAIDEN NAME Margaret Beauchamp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-34-7206
17. INFORMANT AND ADDRESS Mrs. Norman Meekins Chestertown, Md. (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause Probable Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY River nr Crumpton (CITY OR TOWN) Maryland (COUNTY) (STATE)
TIME OF INJURY (Month) June (Day) 30, (Year) 1954 (Hour) 1:45 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Poor swimmer, deep water

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Robert W. Farr (Degree or title) MD ADDRESS Chestertown, Md. DATE SIGNED 7/1/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/3/1954
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) Chestertown, Md. (State)

DATE REC'D BY LOCAL REG. July 3-1954
REGISTRAR'S SIGNATURE Lidia S. Barnes
24. FUNERAL DIRECTOR J. Willis Wells - ADDRESS Chestertown, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

JUL 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05652

5665 CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Chestertown
LENGTH OF STAY (in this place) adult life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. near St. Paul's Church

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near - Chestertown
STREET ADDRESS (If rural give location) (Saint Paul's Church)

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) M. (Last) Radtke

4. DATE OF DEATH: (Month) June (Day) I4, (Year) I954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May I5, I890

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carroll Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gilford Ridgley

14. MOTHER'S MAIDEN NAME: Martha Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Emil Radtke Chestertown, Md. RFD # 2 (Husband)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Coronary Occlusion — 3 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis

DUE TO (c)

420.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Hypertension

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-9, 1954, to 4-29, 1954, that I last saw the deceased alive on 4-29, 1954, and that death occurred at 3 AM, 6-14-54, from the causes and on the date stated above.

SIGNATURE (Degree or title) R. M. Atkins M.D. ADDRESS Chestertown DATE SIGNED 6-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6/I6/I954

NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

LOCATION (City, town, or county) (State) Baltimore City, Md.

DATE REC'D BY LOCAL REGISTRAR June 14-1954

REGISTRAR'S SIGNATURE Clara L. Barnes,

24. FUNERAL DIRECTOR J. Willis Wells

ADDRESS Chestertown, Md.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
LENGTH OF STAY (in this place) 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ellendale Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location) Ellendale Farm

3. NAME OF DECEASED (Type or Print) (First) Louis (Middle) Ellwood (Last) Smith
4. DATE OF DEATH (Month) June (Day) 24 (Year) 1954
5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.
8. DATE OF BIRTH May 1 1858
9. AGE last birthday 96 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming retired
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Lehigh Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME David Smith
14. MOTHER'S MAIDEN NAME Levina Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Nancy Eisenwein - Rock Hall Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7944 Immediate cause (a) Senility

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm (CITY OR TOWN) Rock Hall (COUNTY) Kent (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Jan, 1954, to June, 1954, that I last saw the deceased alive on June 19, 1954, and that death occurred at 2 15 a.m., from the causes and on the date stated above.

SIGNATURE E Kester (Degree or title) MD ADDRESS Rock Hall DATE SIGNED 6/24/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 26, 1954
NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery
LOCATION (City, town, or county) Rock Hall Maryland (State)
DATE REC'D BY LOCAL REG. June 24/54
REGISTRAR'S SIGNATURE S. Elwood Burgess
24. FUNERAL DIRECTOR Mann V. William - Chestertown ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
JUL 6 1954
BUREAU V. S.